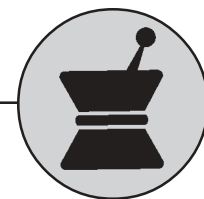


PRESCRIPTION DRUG PLAN - 2008



Administered by Caremark • 1-888-347-5329 • www.pharmacare.com

Retail Pharmacy Deductible

\$100/Member
\$300/Family

Mail-Order Deductible

\$0/Member
\$0/Family

Out-of-Pocket Maximums

Each Prescription \$250
Each Member \$1,400/year
Each Family \$2,800/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail-Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$25 If Rx cost is \$25+	• Actual pharmacy charges • 20% coinsurance (\$25 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$40 If Rx cost is \$40+	• Actual pharmacy charges • 40% coinsurance (\$40 minimum)	• \$60 copay + 30% of cost over \$400*

* For prescriptions costing more than \$400 for a 90-day supply, call Caremark to determine the total out-of-pocket cost.

GENERAL INFORMATION

INSTRUCTIONS

No separate enrollment is required.

WHO IS ELIGIBLE?

The Prescription Drug Plan is an add-on benefit for all enrolled State employees. Any member and dependent enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply).

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family deductible. If you use a pharmacy in the Caremark Preferred Network and have met your deductible, you only pay the applicable coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 29-31 of this booklet or on the Caremark website at www.pharmacare.com.

Formulary drug listings can be found at the Caremark website or on the Health Care and Benefits website at www.benefits.mt.gov.

Note:
The deductible does not apply to prescriptions received from one of the mail order pharmacies!

Mail-Order Pharmacies

You may obtain up to a 90-day supply of covered maintenance prescriptions (i.e. diabetic, cholesterol & blood pressure lowering medications) with **no deductible**.

Mail-order pharmacies are: Caremark Mail Services Pharmacy (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail-order forms are available at the Health Care and Benefits Division website at www.benefits.mt.gov or at the Caremark website.

PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs.

PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact Caremark at 1-888-347-5329 to inquire if this may apply to your prescription.